

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. _____	FILING DATE _____
							APPLICANT(S) _____	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	32	↓		↓		↓		
TOTAL DEP.	2	←		←		←		
TOTAL CLAIMS	34							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS